Docket No.: 106141

DEMARATION AND POWER OF ATTORNE UNDER 35 USC \$371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name:

I verify believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and of the subject matter whic

described and claimed in international application number PCT/FR98/02380 filed November 06, 1998.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to use to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are bereby chainted:

Prench patent Application nº 97.14191 filed November 06, 1997

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berririge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,480; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Caroline D. Dennison, Reg. No. 34,494; and Stephen J. Roe, Reg. No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO CLIFF & BERRIDGE, P.C. P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements water on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may Jeopardize the validity of the application or any patent issued thereon.

l	Typewritten Full Name of Sole or First Inventor			Lyie		ARMSTRONG
2	Inventor's Signature		×	Site Amorron	Middle Intial	Family Name
3	Date of Signature		×	SEAN APRIL		2000
	Residence: NEWCAS Citizenship: English		ASTLE	Month UPON TYNE	Day	Year GREAT-BRITAIN
			City		State of Province	Country
	Post Office Address: (ment complete mailing address, including country)			18 Lindale Ro	ad, Fenham	
				NEWCASTLE UPON TYNE		

Note to inventor: Please sig ine on line 2 exactly as it appears in line 1 and at the actual date of signing on line 3. IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE EX (Discard this page in a sole inventor application) Typewritten Full Name 1 of Joint Inventor Arthur Given Name Initial Inventor's Signature: 26 H Date of Signature: Month Year Residence: NEWCASTLE UPON TYNE GREAT-BRITAIN City State or Province Country Citizenship: English Post Office Address: 12 Wolseley Gardens, Jesmond (Insert complete maili: ddress, including country) NEWCASTLE UPON TYNE - NE2 1HR Typenzitten Full Negra. of Joint Inventor Sylvain **ORENGA** Given Name Middle Initial Family Name Inventor's Signature: **(2)** ھے جب Date of Signature: 2000 Year NEUVILLE SUR AIN Residence: France State or Province City Country Citizenship: French Post Office Address: 164, Route du Suran (Insurt complete mail address, including on 01160 NEUVILLE SUR AIN Typewitten Full Name of Joint Inventor Given Name Middle Initial Family Name Inventor's Signature: Date of Signature: Month Day Ycar Residence: City State or Province Country Citizenship: Post Office Address: (Insert complete smiling address, including sturies) Typewritten Full Name of Joint Inventor

Note to Inventor: Please sign name on fine 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

Given Name

Month

City

1

Inventor's Signature: Date of Signature:

Residence

Citizenships

Post Office Address:

This form may be executed only when attached to the first page of the Declaration and Power of Astorney of the application to which it pertains.

Middle Initial

Day

State or Province

Family Name

Year

Country